



US99-090

PATENT

10/3/03
14/B
Entered

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

DALE JOHNSON ET AL.

Serial No.: 09/588,534

Filed: June 7, 2000

For: MECHANIZED TAX WORKSHEET

Art Unit: 3627

Examiner: Gort, Elaine L.

AMENDMENT

Box: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
SEP 26 2003
GROUP 3600

Sir:

In response to the Office Action mailed on June 9, 2003, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

Amendments to the Specification: None.

Amendments to the Claims: reflected in the listing of claims that begins on page 2 of this paper.

Amendments to the Drawings: None.

Remarks: begin on page 7 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **DALE JOHNSON ET AL.**

Docket No.

BS99-090

Serial No.

09/588,534

Filing Date

June 7, 2000

Examiner

Gort, Elaine L.

Group Art Unit

3627Invention **MECHANIZED TAX WORKSHEET****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

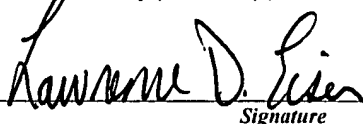
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1390**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

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SignatureDated: **September 24, 2003**

Lawrence D. Eisen
Registration No. 41,009
SHAW PITTMAN LLP
1650 Tysons Boulevard
McLean, VA 22102

Customer No. **28970**

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: